



EMPOWERING A POSITIVE CULTURE IN MIDWIFERY

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Aim

This guideline is to assist the Supervisor of midwives (SoMs) in providing professional leadership, guidance, vision and advocacy to Midwives. By acting as a role model SoMs will facilitate an environment of trust, mutual respect and professionalism, with zero tolerance of bullying in the workplace.

SoMs must highlight the importance of midwives' accountability in treating colleagues fairly and without discrimination in the provision of a quality service responsive to the needs of women and their families. (NMC 2008)

Background Information

The NHS Constitution (2009) states that staff must have the freedom and confidence to act in the best interest of their patients and to do that, must be treated with respect at work, have a good working environment with healthy and safe working conditions. It is important staff are treated fairly, free from discrimination and provided with opportunities to develop and support the care they deliver. www.dh.gov.uk/nhsconstitution

The King's Fund independent enquiry (2008) emphasises that it is the responsibility of each member of the maternity team to work effectively within that team to improve outcomes and reduce mortality within maternity services.

Shared common objectives, roles and standards for communication should be clearly specified and understood by all the team members. Essential components for good clinical learning and care are

"harmony, tolerance, willingness to meet others needs while striving to put women at the centre of care" (page 11 RCOG, RCM 2008).

An effective team approach to learning and working together will enhance safe service provision and job satisfaction.

Objectives

Supervisors of midwives need to support midwives in accepting their professional accountability and to maintain standards of professional practice to both colleagues and women.

To provide a positive culture for midwives to work in, we need to value and respect people as individuals, value excellence and professionalism, provide humanity and kindness, and earn the trust of colleagues and women making women the primary focus.



Principles

1. Midwives require support in understanding professional self-regulation and the working knowledge of the statutory regulations within the NMC Code (2008).
2. Midwives need to demonstrate effective communications within their sphere of practice, including verbal, non-verbal and written communication.
3. There should be clear understanding by the midwife about the verbal language they use and their body language.
4. Successful interactions within a team require people to be attentive to others emphasising the importance of thinking before you speak.
5. Emphasis should be provided on the importance of quality team working and not to discriminate against others in accordance with human rights.
6. Midwives should have the opportunity to reflect on personal practice with an opportunity to discuss self awareness, such as within the supervisory annual review.
7. Midwives should have the opportunity to share best practice and be provided with positive feedback to encourage positive working relations with their colleagues.

The SoMs has an important role in promoting patient safety, offering leadership, monitoring standards and acting as a role model to midwives, creating effective working conditions to do the job.

Bullying and Harassment

A key finding from the Health Care Commission NHS Staff Survey (2008) is that bullying, harassment and abuse from colleagues continues to be identified as an area of concern into failing maternity services, with 8% of staff experiencing discrimination.

SoMs must provide support and opportunities for midwives to maintain their health, wellbeing and safety, encouraging affected midwives to think of solutions to the bullying for themselves.

Fundamentally, SoMs need to reflect on their own behaviours in relation to the characteristics of bullying, and the SoM must challenge any unacceptable behaviour witnessed and actively promote a positive culture within the workplace

Bullying and harassment must not be tolerated.

If a Midwife raises concern that indicates that she/he feels may have been bullied, the following may be helpful:



Principles

- All cases of suspected or alleged bullying must be treated seriously, confidentially and in a sensitive manner on an individual basis.
- Listen carefully, without prejudice, making judgements or jumping to hasty conclusions.
- Such issues are often complex and multifaceted. Resist the temptation for quick solutions. Active listening in itself may be beneficial.
- Encourage the Midwife to keep a log of any incidents of concern.
- Assist and support the Midwife with the interpretation and application of the Trust's local policy, whether the midwife wishes to deal with her complaint informally or through the more formal procedure.
- Support the Midwife to formulate and document the main details of the complaint and channel to the appropriate manager if action is required.
- Do not divulge the midwives details to another person without the consent of the midwife. If you are not this Midwife's named SoM ask for her/his consent for you to disclose this to their named SoM.
- In the event that a Student Midwife raises such a concern, direct them to the appropriate individual within the Higher Education institute to support them as appropriate.
- Any Midwife accused of bullying will also require support from their SoM. The SoM can help the Midwife reflect upon their behaviour and pursue any development issues that arise.
- A complaint against a SoM must be reported and investigated by the LSA.
- Supervisors have a responsibility to bring to the attention of the LSA any practice or service issue that might undermine the midwives ability to care for women and babies (NMC, 2008).

Midwives have the right to work in an environment in which they are supported, respected and valued. They must “treat colleagues fairly and without discrimination”, working effectively as part of a team (NMC, 2008).

Training and information should be available for all midwives and SoMs in relation to appropriate expected behaviour and dealing with inappropriate behaviour.

All Trusts will have local guidance on dealing with inappropriate behaviour at work, which SoMs must be familiar with.

SoMs may find the following references helpful.

- Local Policies and Guidelines
- Dealing with Inappropriate behaviour at work
- Local Grievance procedure



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Appendix

DEFINITION OF BULLYING

Bullying is when someone tries to intimidate another worker, often in front of colleagues. Bullying includes abuse, physical or verbal violence, humiliation and undermining someone's confidence.

www.direct.gov.uk/en

EXAMPLES OF BULLYING BEHAVIOUR

*Constantly picked on
humiliated in front of others
regularly unfairly treated
physically or verbally abused
blamed for problem caused by others
always given too much to do
regularly threatened with the sack
unfairly passed over for promotion*

Bullying can be face to face, in writing, over the phone, or by fax or email.

The Harasser

It is clear that behaviour along the lines identified above, is unacceptable and will not contribute to a positive working culture for Midwives and women. The SoM has a duty and responsibility to challenge such behaviour and work with both those being bullied and the bully to remedy the situation. It must also be recognized that a range of individual and organisational factors may lead to bullying behaviours.

PREDISPOSING FACTORS

Ball et al (2002) identify the following risk individual and environmental factors, which predispose Midwives being bullied:

Individual

Direct training
Younger age
Newly Qualified
Recent returnees
Integrated post/passing through
Those concerned with the standard of care

Environmental

Workplace stress
Absence of clinical support
Lack of staff (Ball et al, 2002)

Nazarko (2001) also identifies warning signs present within a dysfunctional organisation, which may indicate that bullying is taking place. These signs may be a *change to atmosphere, change in staff attitude or increased levels of sickness*. Other signs may include situations where *staff are unwilling to put themselves out and cover for workmates, there is a lack of initiative or an increase in staff turnover. A reduction in quality of care may also be noticeable with an increased level of complaints from patients/clients and relatives*.